

# Mental health service use among Hurricane Katrina survivors in the eight months after the disaster

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#### Abstract:

Objective: This study examined use of mental health services among adult survivors of Hurricane Katrina in order to improve understanding of the impact of disasters on persons with mental disorders. Methods: A geographically representative telephone survey was conducted between January 19 and March 31, 2006, with 1,043 displaced and nondisplaced English-speaking Katrina survivors aged 18 and older. Survivors who reported serious and mild-moderate mood and anxiety disorders in the past 30 days and those with no such disorders were identified by using the K6 scale of nonspecific psychological distress. Use of services, system sectors, and treatments and reasons for not seeking treatment or dropping out were recorded. Correlates of using services and dropping out were examined. Results: An estimated 31% of respondents (NEuro Surveillance (Bulletin Europeen Sur Les Maladies Transmissibles; European Communicable Disease Bulletin)319) had evidence of a mood or anxiety disorder at the time of the interview. Among these only 32% had used any mental health services since the disaster, including 46% of those with serious disorders. Of those who used services, 60% had stopped using them. The general medical sector and pharmacotherapy were most commonly used, although the mental health specialty sector and psychotherapy played important roles, especially for respondents with serious disorders. Many treatments were of low intensity and frequency. Undertreatment was greatest among respondents who were younger, older, never married, members of racial or ethnic minority groups, uninsured, and of moderate means. Structural, financial, and attitudinal barriers were frequent reasons for not obtaining care. Conclusions: Few Katrina survivors with mental disorders received adequate care; future disaster responses will require timely provision of services to address the barriers faced by survivors.

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### **Resource Description**

#### Communication: M

resource focus on research or methods on how to communicate or frame issues on climate change; surveys of attitudes, knowledge, beliefs about climate change

A focus of content

### Communication Audience: M

audience to whom the resource is directed

## **Climate Change and Human Health Literature Portal**

Health Professional, Policymaker, Public

Exposure: M

weather or climate related pathway by which climate change affects health

Extreme Weather Event

**Extreme Weather Event:** Hurricanes/Cyclones

Geographic Feature: M

resource focuses on specific type of geography

Ocean/Coastal, Urban

Geographic Location: M

resource focuses on specific location

**United States** 

Health Impact: M

specification of health effect or disease related to climate change exposure

Mental Health/Stress

Mental Health Effect/Stress: Schizophrenia/Delusional Disorder, Stress Disorder

Medical Community Engagement:

resource focus on how the medical community discusses or acts to address health impacts of climate change

A focus of content

mitigation or adaptation strategy is a focus of resource

Adaptation

Population of Concern: A focus of content

Population of Concern: M

populations at particular risk or vulnerability to climate change impacts

Children, Elderly, Low Socioeconomic Status, Racial/Ethnic Subgroup

Other Racial/Ethnic Subgroup: Hispanic

Resource Type: **№** 

format or standard characteristic of resource

Research Article

Timescale: M

time period studied

# Climate Change and Human Health Literature Portal

Time Scale Unspecified

## Vulnerability/Impact Assessment: ☑

resource focus on process of identifying, quantifying, and prioritizing vulnerabilities in a system A focus of content